

## AMENDMENTS TO THE SPECIFICATION

Please amend paragraph [0037] with the following amended paragraph:

[0037] In the expanded [[,]] configuration shown in FIG. 2A, wire frame 28 is configured to expand so that disk 24 forms everted arc 34 that causes outer edge 35 of disk 24 to engage and compress against the interior wall of vessel V. For purposes of illustration, the depth of arc 34 relative to the diameter of vessel V is exaggerated in FIGS. 2. Wire frame 26 preferably is biased to urge frame 26 towards wire frame 28. This biasing force causes disk 24 to sealingly engage the interior wall of vessel V to reduce blood leakage from vessel V. Due to the presence of tissue surrounding puncture tract TR, disk 22 may not fully expand into the configuration of FIG. 1. To enhance engagement of disk 22 with tissue T when it is expanded within the puncture tract, wire frame 26 optionally may include barbs, hooks, sharp edges, or roughened surfaces that can penetrate into tissue T and/or enhance resistance to migration of disk 22 within the puncture tract. Disk 24 may also include optional tissue engagement apparatus.

Please amend paragraph [0046] with the following amended paragraph:

[0046] Referring now to FIG. 4, occlusion element 20 is shown disposed within minimally invasive delivery sheath 44, folded into [[-]] its delivery configuration in which petals 40 are aligned with the longitudinal axis of sheath 44, and membrane 32, if present, is furled therein. Push rod 46 may be inserted proximal to occlusion element 20 within sheath 44, with a proximal end of the push rod extending out of the patient so that a medical practitioner may use push rod 46 to urge occlusion element 20 through sheath 44 towards distal opening 47 for delivery to puncture P.

Please amend paragraph [0048] with the following amended paragraph:

[0048] Alternatively, sheath 44 may be introduced within puncture tract TR and disposed across puncture P as shown in FIG. ~~[[SA]]~~ 5A, immediately preceding the present procedure.

Please amend paragraph [0052] with the following amended paragraph:

[0052] As an ~~[[ - ]]~~ alternative delivery method, sheath 44 and push rod 46 may once again be retracted proximally until disk 24 engages the interior wall of vessel V, as in FIG. SD. The medical practitioner may then continue to proximally retract sheath 44 and push rod 46. Resistance applied by the interior wall of vessel V to retraction of disk 24 of occlusion element 20 is expected to pull disk 22 out of lumen 48 and fully deploy occlusion element 20 into contact with tissue T and the interior wall of vessel V, as in FIG. 5E. Such resistance may be magnified, for example, by placing optional barbs, hooks, roughened surfaces or sharp edges at the periphery of disk 24 such that the disk is affixed to the interior vessel wall. In effect, once disk 24 has been unfurled within the lumen of vessel V, the medical practitioner need only retract sheath 44 and push rod 46 to fully deploy occlusion element 20.